

181593937

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2			1			
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49						
50						
<b>TOTAL IND.</b>			1			
<b>TOTAL DEP.</b>			13			
<b>TOTAL CLAIMS</b>			14			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>						